Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

Now add up y	your "Yes" answers:	This is your ACE Score	
10. Did a household men	mber go to prison? Yes No	If yes enter 1	
9. Was a household men	nber depressed or mentally ill or did a Yes No	a household member attempt If yes enter 1	suicide?
8. Did you live with any	one who was a problem drinker or ale Yes No	coholic or who used street dr If yes enter 1	ugs?
Ever repeatedly	hit over at least a few minutes or three Yes No	eatened with a gun or knife? If yes enter 1	
	or often kicked, bitten, hit with a fist, or or	hit with something hard?	
7. Was your mother or s Often pushed, g	tepmother: grabbed, slapped, or had something th	rown at her?	
6. Were your parents ev	er separated or divorced? Yes No	If yes enter 1	
	ere too drunk or high to take care of y Yes No	ou or take you to the doctor if yes enter 1	if you needed it
5. Did you often feel tha You didn't have	at e enough to eat, had to wear dirty clot or	hes, and had no one to protec	et you?
Your family did	n't look out for each other, feel close Yes No	to each other, or support each If yes enter 1	h other?
4. Did you often feel that No one in your i	nt family loved you or thought you were or	e important or special?	
Try to or actuall	or y have oral, anal, or vaginal sex with Yes No	you? If yes enter 1	
	n at least 5 years older than you ever . you or have you touch their body in		
	or hard that you had marks or were inju Yes No	red? If yes enter 1	
	adult in the household often , or throw something at you?		
Act in a way tha	at made you afraid that you might be page 1. Yes No	physically hurt? If yes enter 1	
•	adult in the household often isult you, put you down, or humiliate or	you?	